



Information Bulletin for Primary Care Network Providers



April 2004

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Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is on-line at <http://health.utah.gov/medicaid/pdfs/pcn.pdf>. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

There is a link to the PCN Manual on the Medicaid Provider's web site:
<http://health.utah.gov/medicaid/provhtml/provider.html>. The link is at the bottom of the Provider's web page.

For more information on manual updates, refer to Bulletin 03 - 126, Updating the Utah Primary Care Network Provider Manual, published October 2002 www.health.state.ut.us/medicaid/pdfs/pcnoctober2002.pdf.

This bulletin is available in editions for people with disabilities.

**Call Medicaid Information:
538-6155 or toll free 1-800-662-9651**

PCN web site: <http://health.utah.gov/pcn>
PCN Information
- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

Medicaid web site: <http://health.utah.gov/medicaid>
Requesting a publication?
Send a Publication Request Form.
- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing
Box 143106, Salt Lake City UT 84114-3106

04 - 50 Hospital Providers: Chapter 2 - 3, Hospital Services

Reminder to all Hospitals:

1. Hospitals are only reimbursed for the emergency room, pharmacy, medical supplies, laboratory and radiology services incurred in an emergency visit.
2. No outpatient surgery is reimbursable. There is no reimbursement for any charges associated with outpatient surgery. The surgery and the associated pharmacy, medical supplies, laboratory and radiology may be billed to the client. ■

04 - 51 Vision: Chapter 2 - 10, Vision Care

Vision examinations are limited to one per calendar year. The reimbursement for the examination – codes 92002, 92004, 92012, 92014 – includes refractions. Refractions should not be billed separately. Medicaid pays only for the examination (which includes a refraction) and the client is responsible for all other charges. ■

04 - 52 Drug Limits: PCN Drug Criteria and Limits List

The DUR Board has set a cumulative limit of 30 units/30 days for sedative-hypnotics effective 4/1/04. These include: Sonata, Halcion, Ambien, Prosom, Doral, Restoril and their generic equivalents.

The DUR Board has set a a cumulative limit of 30units/30 days for Detrol LA and their generic LA equivalents effective 4/1/04.

The DUR Board has placed Ditropan XL and Oxytrol and their generic equivalents on prior approval effective 4/1/04. Criteria requires documented failure on oral generic short acting oxybutynin chloride.

The DUR Board has placed a prior approval on Olux (clobetasol propionate) foam and generic equivalents effective 4/1/04. Criteria requires documented failure on generic clobetasol propionates creams or ointments within the last 12 months.

The DUR Board has placed a prior approval on Luxiq (betamethasone valerate) foam and generic equivalents effective 4/1/04. Criteria requires documented failure on generic betamethasone valerate creams or ointments within the last 12 months. ■

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04 - 53 Preventive Service and Health Education: Chapter 2 - 8, Preventive Services and Health Education

Effective January 1, 2004 code **S9455**— Diabetes Self-Management Training Program will be available for use by authorized diabetes self management providers. Patient preauthorization is required to receive diabetes self management training.

Patient Preauthorization:

A newly diagnosed patient with Type I, Type II, or gestational diabetes or a patient previously diagnosed with Type I or Type II diabetes, is eligible to receive diabetes self management training through Medicaid when:

- The physician provides a referral for the patient who has never had a diabetes self management training course. The course is limited to ten sessions.
- The patient completed the diabetes training at least 12 months ago, and the physician refers the patient for a specified number of refresher diabetes training sessions because:
 - The patient has progressed in diabetes illness to require further management training or the patient has indications they are noncompliant with treatment.
 - Patient has complications of diabetes requiring two or more visits to the emergency room during the last six months or a hospital admission related to diabetes within the last year.

At preauthorization the following patient information should be provided:

- Patient is informed of the importance of completing the series of classes and agrees to sign a contract agreement to make every attempt to follow through with education sessions.
- The patient is informed that if they do not complete the classes there is a one year waiting period before further classes will be authorized.

Authorized Providers:

- Diabetes self management training must be provided through a state or nationally recognized provider. As required by CMS, the Diabetes Self Management Program must be taught by a licensed RN and Certified dietician. Providers **must** obtain authorization to become a recognized provider for diabetes self management training. Providers who may become recognized for reimbursement include:
 - an American Diabetes Association (ADA) recognized program or ADA certified diabetes educator (CDE).
 - a Utah State Department of Health certified program

Additions to Covered laboratory service

87329 Infectious antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method, giardia

87269 Infectious antigen detection by immunofluorescent technique, giardia **Note: The code 87269 will be denied as mutually exclusive when submitted with code 87329.**

88112 cytopathology, selective cellular enhancement technique with interpretation (i.e. liquid based slide preparation method), except cervical and vaginal. (Note: CPT2004 guidelines state do not report code 88112 with code 88108, mutually exclusive)

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